

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for

Patents, PO Box 1450, Alexandria, VA 22313-1450, on May 7, 2004

Wendy Scott

(Typed or Printed Name of Person Mailing Paper or Fee)

(Signature of Person Mailing Paper or Fee)

Application Number: 10/686,061

Confirmation Number: 6999

Applicant

: Shailender Chaudhry et al.

Filed

: October 14, 2003

TC/A.U.

: 2122

Examiner

: Unassigned

Døcket Number

: SUN04-0182

Customer No.

: 22,835

M/S: Box Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

PRELIMINARY AMENDMENT

Sir

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.



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PRELIMINARY AMENDMENT TRANSMITTAL LETTER

Assistant Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- [X]Preliminary Amendment.
- A petition for extension of time is also enclosed with a fee of \$0.00 for a one-month extension for a small entity.
- Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - [] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - [] 2 certificates under 37 C.F.R. § 3.73(b).
- sheets of drawings.
- No additional claims fees are required. [X]

[] An additional fee is required, and is calculated as shown below:

'AMENDED CLAIMS						
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims	20	MINUS = 20	0	x \$18 =		
Independent Claims	3	MINUS = 3	3	x \$78 =		
If Amendment adds multiple dependent claims, add \$260.00						
Total Amendment Fee						
If small entity status is claimed, subtract 50% of Total Amendment Fee						
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00	

[] A check in the amount of \$	is enclosed.
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[] Charge \$___ to Deposit Account No. ___ (Docket No. ___).

[X] Please credit any <u>overpayments</u> or charge any <u>underpayments</u> to Deposit Account No. 50-1003 (Docket No. SUN-P7592).

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Tel: (530) 759-1663 FAX: (530) 759-1665

Respectfully submitted,

Ву

Edward J. Grundler Registration No. 47,615

Date: May 7, 2004